

# STATE OF WEST VIRGINIA INSURANCE COMMISSIONER

## FINANCIAL CONDITIONS DIVISION

MAIL ADDRESS:  
Post Office Box 50542  
Charleston, WV 25305-0542

LOCATION:  
1124 Smith Street, Room 400  
Charleston, WV 25301

### SURPLUS LINES INSURANCE PREMIUM SURCHARGE RECONCILIATION

As required by WV Code Chapter 33, Article 3, Section 33  
and Article 43, Section 6

**For Year Ending December 31, \_\_\_\_\_ : Due Date: March 1**

LICENSEE NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT PERSON AND PHONE NO. \_\_\_\_\_

AGENCY NAME (if applicable) \_\_\_\_\_

THE SURCHARGE IS IMPOSED ON THE POLICYHOLDER OF ANY FIRE OR CASUALTY INSURANCE POLICY REPORTED ON STATUTORY PAGE 14 OF THE INSURER'S ANNUAL FINANCIAL STATEMENT. (SURPLUS LINES LICENSEE SHOULD REVIEW FORM XLB-SUR-INST FOR LISTING OF APPLICABLE LINES OF INSURANCE). IN ADDITION, GROSS PREMIUMS SHOULD BE INCLUSIVE OF ANY RELATED FINANCE AND SERVICE CHARGES.

	TOTAL OF FIRST THREE QUARTERS (Column 1)	4 <sup>TH</sup> QUARTER (Column 2)	TOTALS FOR YEAR (Column 3)
1. GROSS PREMIUMS WRITTEN	\$ _____	\$ _____	\$ _____
2. LESS PREMIUMS RETURNED FOR CANCELLATION	\$ _____	\$ _____	\$ _____
3. NET PREMIUMS WRITTEN	\$ _____	\$ _____	\$ _____
4. LESS PREMIUMS NOT SUBJECT TO 1% SURCHARGE	\$ _____	\$ _____	\$ _____
5. TOTAL PREMIUMS SUBJECT TO 1% SURCHARGE	\$ _____	\$ _____	\$ _____
6. AMOUNT OF SURCHARGE (AT 1%)	\$ _____ ①	\$ _____	\$ _____ ②

### RECONCILIATION

1. GROSS SURCHARGE DUE  
FOR CURRENT CALENDAR YEAR (From ② above) \$ \_\_\_\_\_
2. TOTAL SURCHARGE PAID FOR FIRST  
THREE QUARTERS (From ① above) \$ \_\_\_\_\_
3. NET SURCHARGE DUE (Line 1 minus line 2) \$ \_\_\_\_\_
4. LESS OVERPAYMENT APPLIED (Letter attached) \$ \_\_\_\_\_
5. SURCHARGE DUE WITH THIS RETURN \$ \_\_\_\_\_

**PURSUANT TO W. VA. CODE § 33-43-6 (a) AND (e) RETURN MUST BE FILED EVEN IF THERE IS NO LIABILITY. PAY FULL AMOUNT DUE WITH THIS RETURN**

**Please make checks payable to : WEST VIRGINIA INSURANCE COMMISSIONER**

Under penalties of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true and complete.

**SIGN**

**HERE**

**Signature of Licensee**

**Name – type or print**

**Date**